

APPLICATION FOR HVAC/R

MUNICIPAL INSPECTOR CERTIFICATION / RE-CERTIFICATION

ARKANSAS DEPARTMENT OF HEALTH
DIVISION OF PROTECTIVE HEALTH CODES
4815 W MARKHAM SLOT H-24
LITTLE ROCK, AR 72205-3867
PH# 501-661-2642
Fax# 501-661-2671

APPROVED _____
FOR _____
BY _____

1. Name: _____
Last First Middle
2. Date of Birth ____ / ____ / ____ 3. Social Security Number ____ / ____ / ____
4. Employed by _____ in _____
City County
5. Job Title _____
6. Address _____
Street or P.O. Box City Zip
7. Phone: Work _____ Home _____
8. Are You ICC Certified? Yes ____ No ____ In What Category? _____
9. Our CITY ADOPTED AR. MECH. CODE BY ORDINANCE # _____ or process of _____

10. List any Amendments to original ordinance since last Certification _____

11. ARKANSAS MUN. INSP. LICENSE NO. _____ 12. EXPIRES _____

Preference for Training Location / Date _____

14. I hereby affirm that the above
is true and I am authorized by
my City to Apply

Signature

15. Signature of Approving Official

Signed _____

Title _____
